



THE BUCKET SHOP INC.



Tel: 705.531.2658 | Fax: 705.360.5551 | 200 McBride St. N. | Timmins, ON | P4R 0J8
info@thebucketshop.ca | www.thebucketshop.ca

Application for Employment

PLEASE COMPLETE REQUESTED INFORMATION (PLEASE PRINT)

Full Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (____) _____

If hired, can you supply proof that you are legally permitted to work in Canada? Y___ N___
(Supporting documentation will be required prior to the commencement of employment)

Are you of legal age to work in your province? Y___ N___

Have you ever been interviewed with The Bucket Shop Group? Y___ N___

Have you ever worked for us before? Y___ N___

If yes, where and when? _____

Have you been convicted of a criminal offence which is connected to the position you are applying for and for which pardon has not been granted? Y___ N___

If yes, please provide details regarding the nature of the infraction(s):

Note: A criminal conviction will not necessarily be a bar to employment.

Employees of **The Bucket Shop Inc.** that are required to operate a motor vehicle as part of their regular job duties are required to provide consent for the company to obtain a copy of their driver abstract. Do you authorize The Bucket Shop Inc. to request an abstract of your driving record? Y___ N___ Driver's Licence Number: _____

Physical Demands

At times, the position may require the following. Please check all physical demands which you are able to perform.

(failure to perform will not necessarily be a bar to employment)



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Sitting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bending Over	<input type="checkbox"/> Yes <input type="checkbox"/> No
Climbing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reaching Above Head	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kneeling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pushing/Pulling:	
a) Using Arms	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Using Legs	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Using Body	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lifting or Carrying:	
a) 10lbs or less	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) 11-25lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) 26-50lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) 51-75lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) 76-100lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) More than 100lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repetitive use of Hands:	
a) Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Both Hands	<input type="checkbox"/> Yes <input type="checkbox"/> No
Light Grasping:	
a) Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Both Hands	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firm Grasping:	
a) Right Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Left Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Both Hands	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repetitive Use of Foot Control:	
a) Right Foot	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Left Foot	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Both Feet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	



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TELL US WHAT YOU ARE LOOKING FOR:

Position desired: _____

Full-time:___ Part-time:___ Temporary / seasonal: ___

When can you start? _____

How many days out of each week can you work? _____

How many hours can you work weekly? _____

Rate of pay expected \$_____ per _____

What hours are you available to work each week?

(Your unavailability to work on any particular day will not necessarily be a bar to employment)

MONDAY:	TUESDAY:	WEDNESDAY:	THURSDAY:
FRIDAY:	SATURDAY:	SUNDAY:	

TELL US MORE ABOUT YOURSELF

Why do you want to work for The Bucket Shop Inc.?

How would you describe great customer service?



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What are the things you liked about your previous jobs?

What are some of the things you did not like about your previous jobs?

If hired, do you have reliable means of transportation to get to work? _____

TELL US ABOUT YOUR PAST JOBS:

Start with your most recent employer. You may include as part of your employment history any work performed on a volunteer basis, but please do not include specific information concerning membership in organizations which are identified by religion, ethnic background or any other prohibited grounds of discrimination.

Position 1:

Where did you work? (Include phone number) _____

When? (Start and end dates) _____

What was your title? _____ Salary? _____

What were your responsibilities? _____

Why did you leave? _____

Who was your supervisor? _____

May we call them? Y ___ N ___

Position 2:

Where did you work? (Include phone number) _____

When? (Start and end dates) _____

What was your title? _____ Salary? _____



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What were your responsibilities? _____

Why did you leave? _____

Who was your supervisor? _____

May we call them? Y ___ N ___

Position 3:

Where did you work? (Include phone number) _____

When? (Start and end dates) _____

What was your title? _____ Salary? _____

What were your responsibilities? _____

Why did you leave? _____

Who was your supervisor? _____

May we call them? Y ___ N ___

EDUCATION

Type of School	Highest Grade/ Year Completed	Course of Study or Major
High School or equivalent	9 10 11 12 13	
College or University	1 2 3 4	
Vocational or Trade School		
Graduate School		



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Other		
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List any related certifications or licenses you currently possess: _____

Who may we call for a reference? (Teachers, counselors, etc.)

Name, phone number, relationship to you: _____

Name, phone number, relationship to you: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I agree to provide proof of work eligibility on or before my date of hire. All of the information contained in this application is true and complete. If I have falsified any of this information or if I have omitted information which a reasonable person would consider material to my suitability for the position for which I am applying, my application will be rejected or if I am hired, my employment will be terminated without notice or pay in lieu of such notice regardless of the time lapse before discovery. The Bucket Shop Inc. may inquire of such persons, employers, education institutions, investigative consumer reporting agencies, or other entities as it deems appropriate concerning my background and qualifications. I authorize and request all such persons and entities to disclose to The Bucket Shop Inc. such knowledge of or records concerning me as they may possess and release information and forever discharge all such persons and institutions from any liability of any kind from such disclosure.

In the event that I am employed by The Bucket Shop Inc, I understand that I must comply with all company polices and rules whenever adopted or modified.

I understand that depending on the position I have applied for, The Bucket Shop Inc. or its agent(s) may require that my candidacy undergo further analysis with regard to my experience, background and qualifications and any employment may be may conditional thereto.

My signature is evidence that I have read and agree with the above statement.

SIGNATURE: _____ DATE: _____

Thank you for applying.



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For Personnel Department Use Only

Interview YES NO Date _____ Hour _____

Result of Interview

Acceptable for Employment? _____ Starting Rate _____ Starting Date _____

Full time or Part time _____

Occupation _____ Dept. _____

Interviewed by _____ Employed by _____ Date _____

Approved by _____ Date _____



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